

Reference Number:	603-12-DD
Title of Document:	Immunization Procedure for DDSN Regional Centers
Date of Issue:	May 1, 2002
Effective Date:	May 1, 2002
Last Review Date:	<del>February 12, 2015</del> XXXX, 2020
Date of Last Revision:	<del>February 12, 2015</del> XXXX, 2020 (REVISED)
Applicability:	DDSN Regional Centers

---

## PURPOSE:

To provide procedures for immunizations and screening of persons residing in ~~The~~ South Carolina Department of Disabilities and Special Needs (DDSN) Regional Centers (in accordance with the accepted state and federal standards) for the control and prevention of communicable disease.

## ~~GENERAL:~~ POLICY:

Each person must have documentation of having received the appropriate vaccines for their age. If there is reason why a particular ~~immunization-vaccine~~ has not been given, a written statement by a licensed ~~physician~~ primary care provider is required.

## ABBREVIATIONS/TERMS:

DT	<del>diphtheria, tetanus vaccine</del>
DTP	<del>diphtheria, tetanus, pertussis vaccine</del>
DTaP	<del>diphtheria, tetanus, acellular pertussis vaccine</del>
OPV	<del>oral polio vaccine</del>
IPV	<del>inactivated polio virus vaccine</del>
MMR	<del>measles, mumps, rubella vaccine</del>
Td	<del>tetanus vaccine with a low concentration of diphtheria vaccine</del>

<del>Hib</del>	<del>haemophilus influenza b conjugate vaccine</del>
<del>HBV</del>	<del>hepatitis B vaccine</del>
<del>Pneumovax</del>	<del>pneumococcal polysaccharide vaccine</del>
<del>Varivax</del>	<del>varicella zoster virus vaccine (chickenpox)</del>
<del>children</del>	<del>persons <math>\leq</math> 18 years old</del>
<del>adults</del>	<del>persons <math>\geq</math> 18 years old</del>
<del>VIS</del>	<del>Vaccine Information Statements</del>
<del>Prevnar</del>	<del>pneumococcal vaccine for infants and toddlers</del>

## PROCEDURE:

### I. Vaccination Information

#### A. Legal Requirements

- ~~1. As required under the National Childhood Vaccine Injury Act (42 U.S.C. 1. 300aa-26), all health care providers in the United States who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Haemophilus influenza type b (Hib), or varicella (chickenpox) vaccine shall, prior to administration of each dose of the vaccine, provide a copy of the most current relevant vaccine information materials that have been produced by the Centers for Disease Control and Prevention (CDC):~~
  - ~~i. To the parent or legal representative of any child to whom the provider intends to administer such vaccine, and~~
  - ~~ii. To the parent or legal representative of any adult to whom the provider intends to administer such vaccine~~

All vaccine providers, public or private, are required by the National Vaccine Childhood Injury Act (NCVIA – 42 U.S.C. § 300aa-26[2 pages]) to give the appropriate Vaccine Information Sheets (VIS) to the patient (or parent or legal representative) prior to every dose of specific vaccines.

The appropriate VIS must be given to the parent or legal representative of any child or adult to whom the provider intends to administer such vaccine prior to the vaccination, and must be given prior to each dose of a multi-dose series. It must be given regardless of the age of the recipient.

- ~~2. The most up to date Vaccine Information Sheets (VIS) are available from the facility Infection Prevention Control Nurse. Copies of the most current VISs can be found at:~~  
~~<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>.~~
3. The materials shall be presented orally if necessary.

~~4. “Legal Representative” is defined as a parent or other individual who is qualified under State Law to consent to the immunization of a minor.~~

B. Record Keeping

1. Health care providers shall make a notation in the person’s permanent medical record at the time the VIS is given indicating:
  - i) The edition date of the VIS;
  - ii) The date these materials are provided to the legal representative;  
~~and,~~
  - iii) To whom the VIS is provided.
2. All health care providers administering these vaccines must record ~~on the name of the person who administers the vaccine, the date of administration, the manufacturer, lot number, and expiration date of the vaccine used in the person’s permanent immunization record~~ ~~the name of the nurse who administers the vaccine, the date of administration, the manufacturer, lot number, and expiration date of the vaccine used.~~ (see Attachment A)-located in the Electronic Medical Record (EMR).
3. All immunizations given to ~~consumers-residents~~ and employees must be entered in the statewide immunization registry - Immunization Information System (IIS).

C. New Admissions

1. A review of the immunization history by healthcare personnel will determine what vaccines are needed. The necessary VIS will be given or mailed to the legal representative of the person to receive the vaccine by ~~the Case Manager/Qualified Intellectual Disability Professional-a~~ designated employee at each Regional Center.
2. Documentation that the vaccination information was provided and the date it was provided will be included ~~on~~ in the immunization record ~~in the person’s permanent immunization record in the EMR~~ by the healthcare personnel administering the vaccine.

D. Current Persons Residing at DDSN Regional Centers

1. Prior to the annual review, each person’s immunization record will be reviewed by the unit healthcare personnel in order to assess for needed vaccinations for that year.
2. At the time of the annual review, if not before, the legal representative will be ~~given~~ provided with the required VIS prior to the anticipated vaccination date by the ~~Case Manager/Qualified Intellectual Disability Professional-person~~ designated at each DDSN Regional Center.

3. The provision of ~~that information~~ the VIS and who received it will be ~~duly noted~~ documented in the permanent medical record ~~by the Case Manager/Qualified Intellectual Disability Professional.~~

II. ~~Adolescent Routine Childhood~~ Immunization Schedule: The recommended child and adolescent immunization schedule for ages 18 years or younger ~~(will be sent out as updates occur to each nurse's station by the Infection Control Nurse.)~~ Annual updates can be found at: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.

III. ~~Routine~~ Adult Immunization Schedule: The recommended adult immunization schedule for ages 19 or older ~~(will be sent out as updates occur to each nurse's station by the Infection Control Nurse.)~~ Annual updates can be found at: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>.

IV. ~~Recent Recipients of Immune Globulins~~ Immunocompromised Persons

- A. Parentally administered live virus vaccines will not be given to persons who are severely immunocompromised, pregnant or to those who have had an allergic reaction to a prior does of the same vaccine. have received immune globulin within the previous three (3) months because the desired immune response may be inhibited.
- B. ~~—If an immune globulin must be administered within 14 days after parental administration of a live virus vaccine, the vaccine will be administered again after three (3) months.~~

V. Administration of Vaccines

Prior to the administration of any vaccine, the package insert should be reviewed carefully. Certain vaccines have special handling and administration procedures that must be adhered to ~~so in order to not compromise~~ the effectiveness of the vaccine is not compromised. ~~See Attachment B for rules of simultaneous administration of vaccines.~~

Susan Kreh-Beek, Ed.S., LPES, NCSP  
Associate State Director Operations

~~Beverly A.H. Buscemi, Ph.D.~~  
State Director

Barry D. Malphrus  
Vice-Chairman  
(Originator)

Gary C. Lemel  
Chairman  
(Approved)

~~To access the following attachments, please see the agency website page "Current Directives" at:~~  
~~<https://ddsn.sc.gov/providers/ddsn-directives-standards-and-manuals/current-directives>~~

Attachment A: ~~S.C. Department of Disabilities and Special Needs Immunization Record~~  
~~Terms and Abbreviations related to Immunizations~~

Attachment B: ~~Rules of~~ Guidance for Simultaneous Administration of Vaccines